

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Title Line One::	APPARATUS AND METHODS FOR
Title Line Two::	FORMING AND SECURING
Title Line Three::	GASTROINTESTINAL TISSUE
Title Line Four::	FOLDS
Attorney Docket Number::	USGI-005-2B
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	41
Small Entity::	Yes
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Rich
Middle Name::	
Family Name::	Ewers
Name Suffix::	
City of Residence::	Fullerton
State or Province of Residence::	California
Country of Residence::	US
Street of Mailing Address:	1437 W. Malvern
City of Mailing Address::	Fullerton
State or Province of Mailing Address::	California
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	92833

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Vahid
Middle Name::	C.
Family Name::	Saadat
Name Suffix::	
City of Residence::	Saratoga

State or Province of Residence::	California
Country of Residence::	US
Street of Mailing Address:	12679 Kane Drive
City of Mailing Address::	Saratoga
State or Province of Mailing Address::	California
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	95070
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Ken
Middle Name::	
Family Name::	Michlitsch
Name Suffix::	
City of Residence::	Livermore
State or Province of Residence::	California
Country of Residence::	US
Street of Mailing Address:	4613 Pamela Commons
City of Mailing Address::	Livermore
State or Province of Mailing Address::	California
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	94550
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Chris
Middle Name::	
Family Name::	Rothe
Name Suffix::	
City of Residence::	San Jose
State or Province of Residence::	California
Country of Residence::	US
Street of Mailing Address:	1593 Sabina Way
City of Mailing Address::	San Jose
State or Province of Mailing Address::	California
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	95118
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Rodney
Middle Name::	
Family Name::	Brenneman
Name Suffix::	

City of Residence:: San Juan Capistrano  
State or Province of Residence:: California  
Country of Residence:: US  
Street of Mailing Address: 34002 Las Palmas Del Mar  
City of Mailing Address:: San Juan Capistrano  
State or Province of Mailing Address:: California  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 92675

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Cang  
Middle Name::  
Family Name:: Lam  
Name Suffix::

City of Residence:: Irvine  
State or Province of Residence:: California  
Country of Residence:: US  
Street of Mailing Address: 74 Stanford Ct.  
City of Mailing Address:: Irvine  
State or Province of Mailing Address:: California  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 92612

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Eugene  
Middle Name::  
Family Name:: Chen  
Name Suffix::  
City of Residence:: Carlsbad  
State or Province of Residence:: California  
Country of Residence:: US  
Street of Mailing Address: 3600 Corte Castillo  
City of Mailing Address:: Carlsbad  
State or Province of Mailing Address:: California  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 92009

#### **Correspondence Information**

Correspondence Customer Number::	35023
Phone Number::	858.720.6320
Fax Number::	858.523.4326

#### Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary	34,408	Nicola A. Pisano
Associate	32,967	Mitchell P. Brook
Associate	42,651	David E. Heisey

#### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part of	10/672,375	September 25, 2003
10/672,375	An application claiming the benefit under 35 USC 119(e)	60/500,627	September 5, 2003
This Application	Continuation-in-Part of	10/612,170	July 1, 2003
10/612,170	An application claiming the benefit under 35 USC 119(e)	60/433,065	December 11, 2002
This Application	Continuation-in-part of	10/639,162	August 11, 2003
10/639,162	An application claiming the benefit under 35 USC 119(e)	60/433,065	December 11, 2002
This Application	Continuation-in-part of	10/173,203	June 13, 2002
This Application	Continuation-in-part of	10/458,060	June 9, 2003
10/458,060	Continuation-in-part of	10/346,709	January 15, 2003
10/458,060	An application claiming the benefit under 35 USC 119(e)	60/471,893	May 19, 2003

This Application	Continuation-in-part of	10/288,619	November 4, 2002
10/288,619	Continuation-in-part of	09/746,579	December 20, 2000
10/288,619	Continuation-in-part of	10/188,509	July 3, 2002
10/188,509	Continuation-in-part of	09/898,726	July 3, 2001
09/898,726	Continuation-in-part of	09/602,436	June 23, 2000
09/602,436	An application claiming the benefit under 35 USC 119(e)	60/141,077	June 25, 1999

#### Assignment Information

Assignee Name:: USGI MEDICAL  
 Street of Mailing Address:: 3511 Thomas Rd. Ste. 1  
 City of Mailing Address:: Santa Clara  
 State or Province of Mailing Address:: California  
 Country of Mailing Address:: US  
 Postal or Zip Code of Mailing Address:: 95054

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